

**Iowa Department of Human Services
RESULTS OF WITHDRAWAL REQUEST (252H)**

Date: _____

From: Child Support Recovery Unit

Telephone: _____

Case Number: _____

Court Order #: _____

County: _____

Obligee: _____

Obligor: _____

Third Party: _____

To: _____

The Child Support Recovery Unit (the Unit) received a request for review and adjustment of a support order. That request was later withdrawn. Here is our response to that withdrawal and information about rights to request future reviews:

the Unit accepted the request to withdraw. Since it was received before we served a Notice of Intent to Review and Adjust a Child Support Obligation on any of the other persons subject to the order, no one is barred from requesting future reviews. the Unit accepted the request to withdraw, and the obligee is not allowed to request future reviews for a period of two years. the obligor is not allowed to request future reviews for a period of two years. the third party is not allowed to request future reviews for a period of two years.

the Unit accepted the request to withdraw,

AND

the obligee is not allowed to request future reviews for a period of two years

AND

the obligor is not allowed to request future reviews for a period of two years

AND

the third party is not allowed to request future reviews for a period of two years.

the Unit denied the request to withdraw. A person subject to the order wishes to continue the process and will now become the requesting party.

the Unit denied the request to withdraw. Support is assigned in this case.

If you have questions about this notice or the review and adjustment process, please contact the office listed on this notice.

POLICY ON NONDISCRIMINATION

This action was taken without regard to race, color, creed, sex, age, physical or mental disability, religion, national origin, or political belief. If you have reason to believe you have been discriminated against for any of the reasons stated above, you may file a complaint with the Iowa Department of Human Services (IDHS) by completing a Discrimination Complaint form. Any IDHS office, institution, or the IDHS Diversity Programs Unit can give you a form. You may also file a complaint with the Iowa Civil Rights Commission (if you feel you were treated differently BECAUSE OF your race, creed, color, national origin, sex, religion, or disability); or the United States Department of Health and Human Services, Office for Civil Rights.

Iowa Department of Human Services
Diversity Programs Unit 1st Fl
1305 E Walnut
Des Moines IA 50319-0114

IOWA CIVIL RIGHTS COMMISSION
211 E Maple St 2nd Fl
Des Moines IA 50309-1858

US DEPARTMENT OF HEALTH AND
HUMAN SERVICES
Office for Civil Rights Region VII
Federal Bldg Rm 248
601 E 12th St
Kansas City MO 64106-2808

Sent to:

